



Department of Health Care Services



Quality in Medi-Cal Managed Care Plans: Focus on Children

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Outline

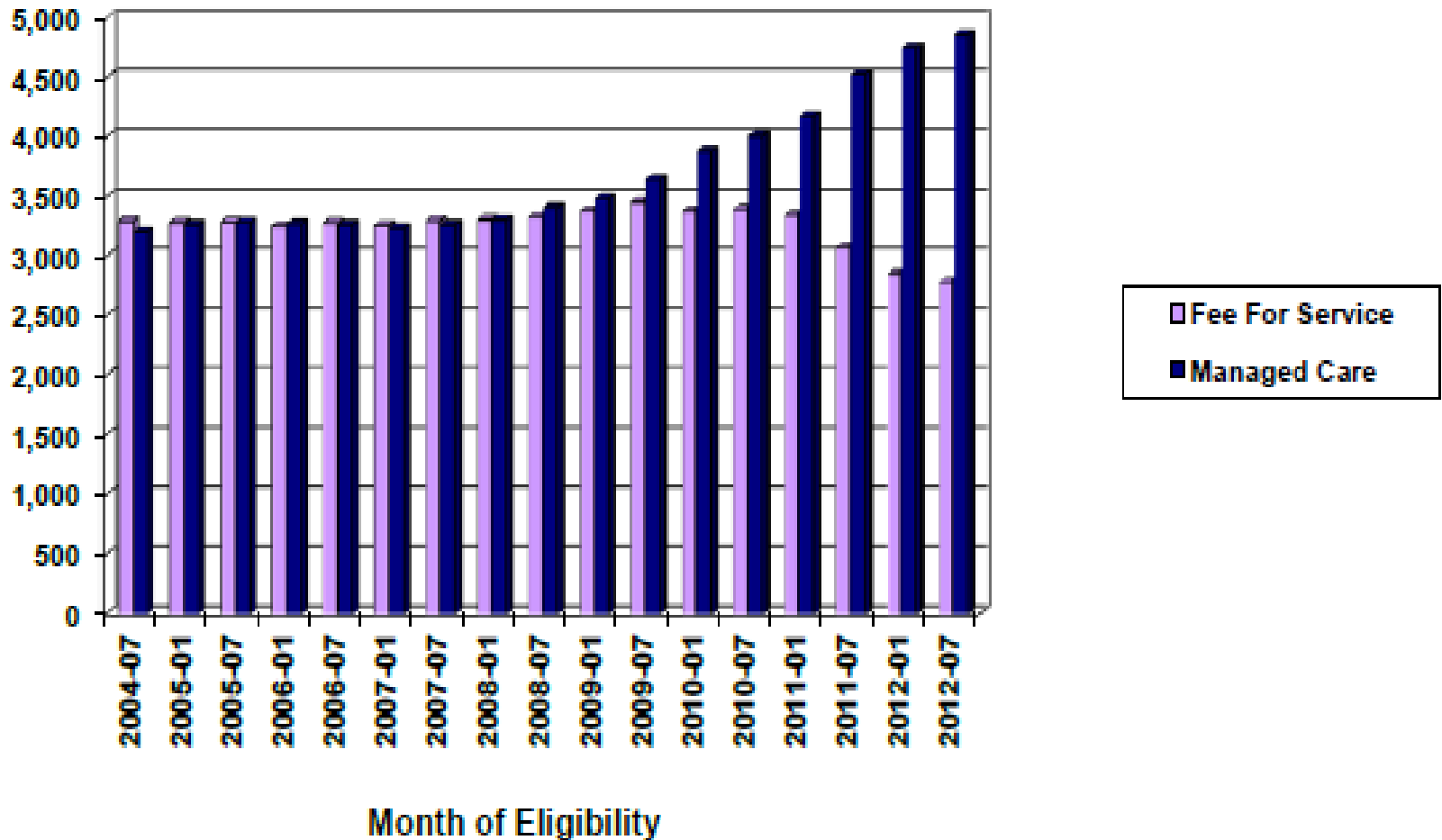
1. Medi-Cal Managed Care by the numbers
 - Children
2. Quality in Medi-Cal Managed Care
3. Quality of children's health care services in Medi-Cal Managed Care
 - Example: immunizations
 - Next steps for improvement
4. Monitoring the Healthy Families Transition

1. Managed Care by the numbers

Medi-Cal Program Enrollment by Managed Care Status

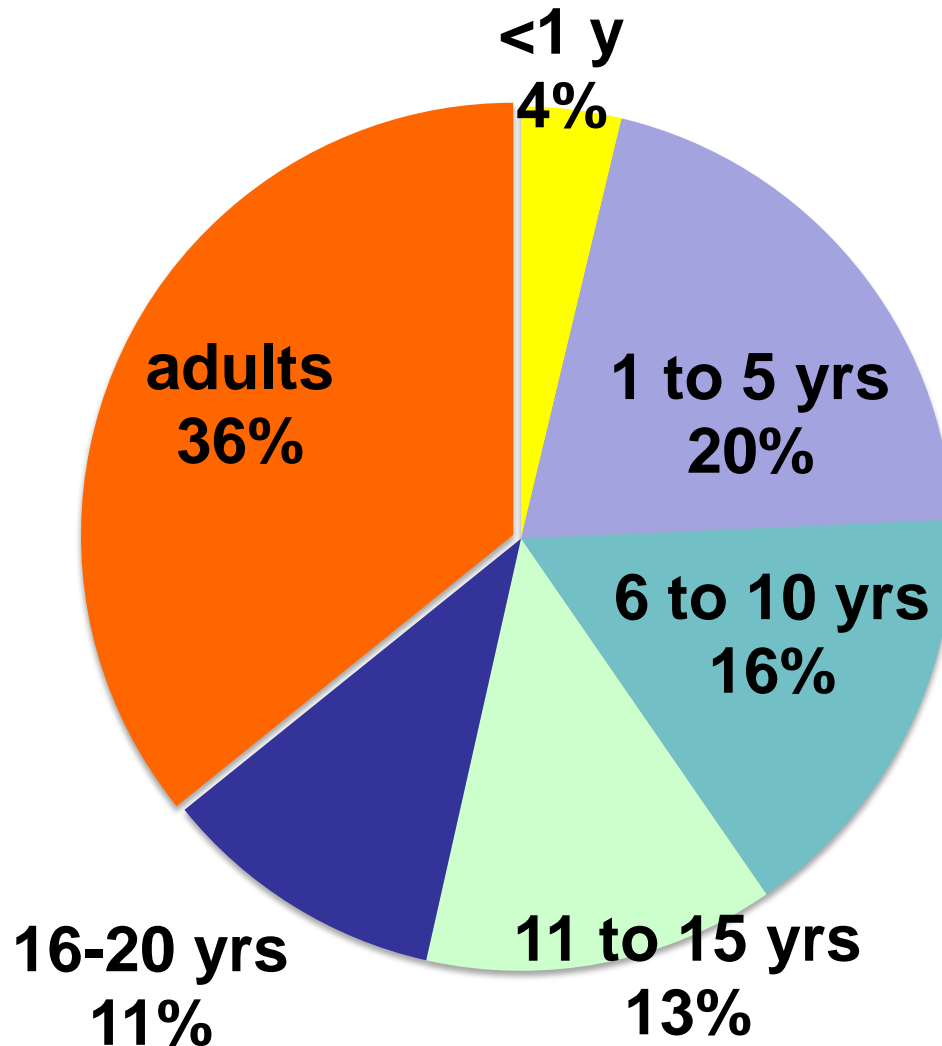
Number of Beneficiaries in Thousands

Fiscal Year 2004-2012



Age of Medi-Cal Managed Care Members, 2012

N= 4.9 million members



2. Quality management

DHCS Quality Strategy has 3 linked goals:

- Better health
- Better care
- Lower cost per capita

Quality management

Standard monitoring procedures by Medical Managed Care Division

- Facility Site Reviews
- Coordinated Health Plan Audit
- Corrective Action Plans (CAP) for deficiencies
- Monitoring of Fraud and Abuse
- Encounter Data
- Managed Care Dashboard provides metrics by populations, including Healthy Families population
- Quality Monitoring

DHCS contracts require:

Medi-Cal Managed Care Plans to ensure primary care providers

- Conduct an initial health assessment within 60 days (if child < 18 months), 120 days for rest
 - Performance of CHDP age-appropriate history and physical examination
 - Staying Healthy Assessment
- Preventive services per most recent American Academy of Pediatrics periodicity schedule
- Medically necessary diagnostic and treatment services

HEDIS

- Healthcare effectiveness data information set (HEDIS) indicators
- Reported by Managed Care Plans
- Validated by an external quality review organization, posted at:

<http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>

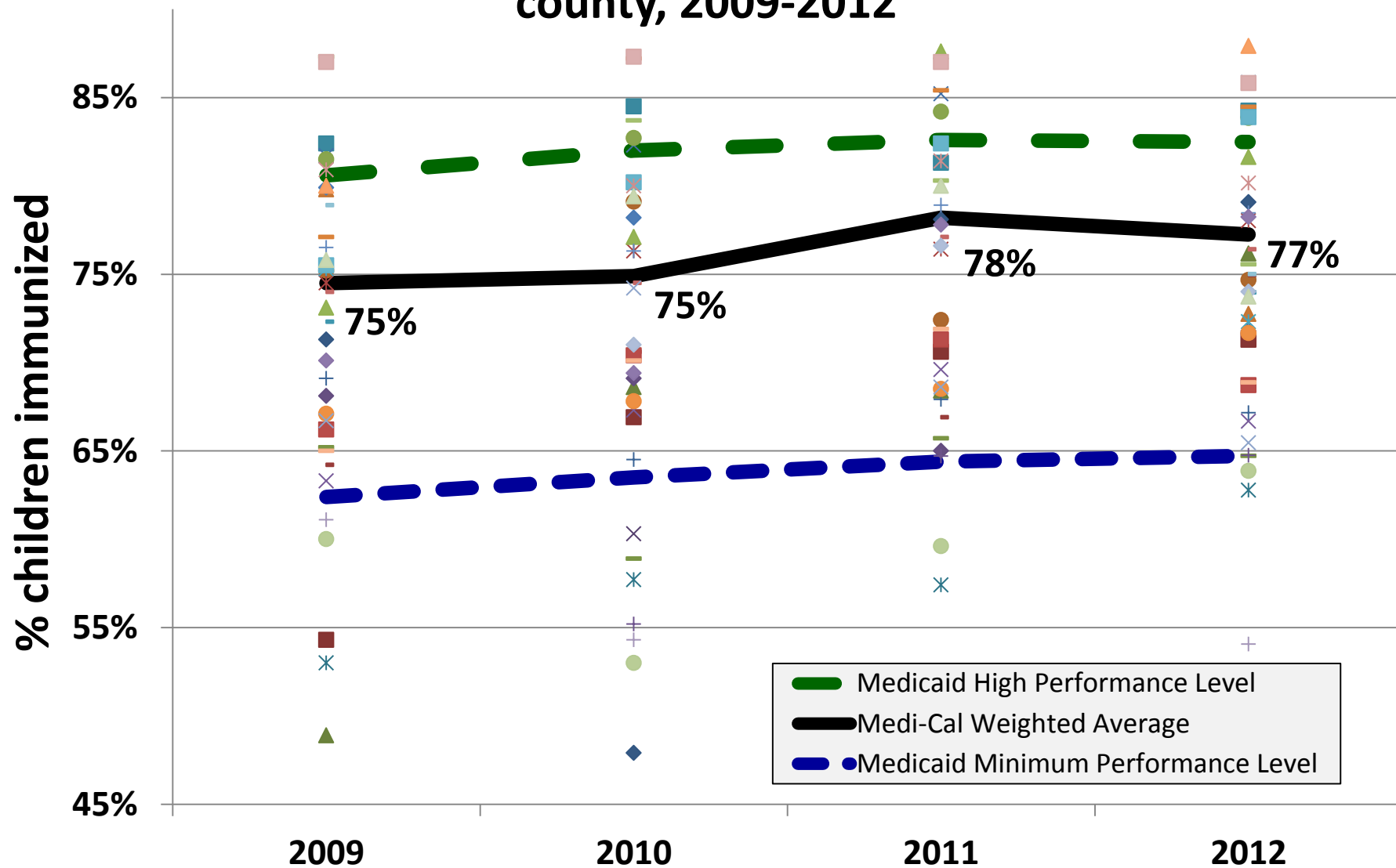
- DHCS contracts require Plans to perform at least as well as the lowest 25% of all Medicaid plans in the US (Minimum Performance Level, MPL)

3. Pediatric HEDIS indicators

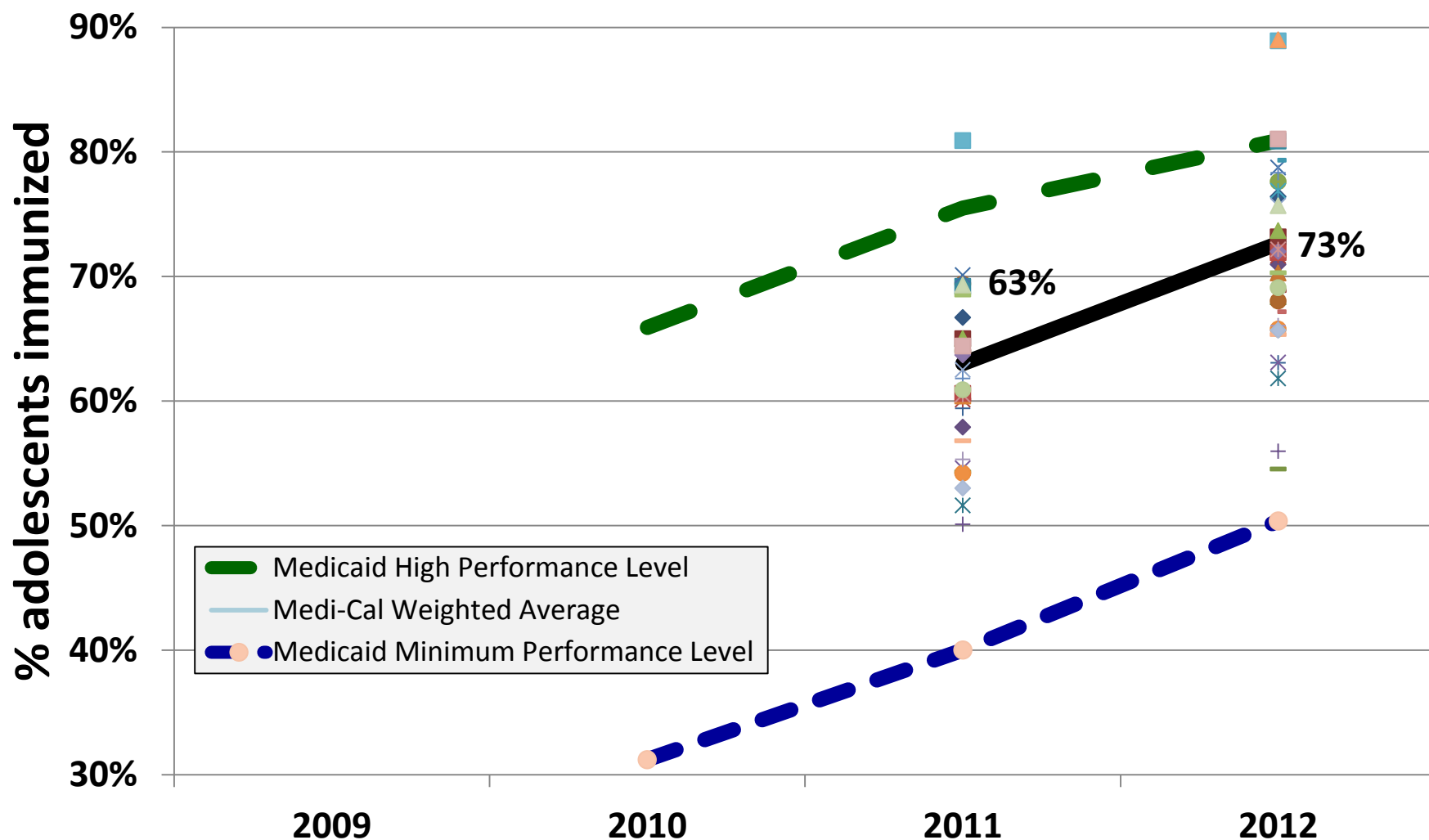
Medi-Cal Managed Care Plans report:

- Access to Primary Care (1-19 years)
- Well Child Visits at ages 3-6 years
- Weight Assessment and Counseling
- Immunization coverage at ages 2 and 13 years

Proportion of 2-year old children up to date on immunizations (CIS-3), Medi-Cal Managed Care Plan-county, 2009-2012



Proportion of adolescents with up to date on immunizations (IMA-Combo), Medi-Cal Managed Care Plan-counties, 2011-2012



Next steps to improve quality-1

- Limit: Services provided but not documented?

Next steps:

- Improve data systems
 - Transparency; hold accountable for results
 - Dashboard
- Limit: MCPs do not yet report on mental health or substance use services

Next steps:

- Metrics under development
- Selection of new HEDIS measures for 2016

Next Steps-2

- Plan improvement projects target low performing indicators (Rapid cycle)
- Match DHCS response with performance level
 - Highest performing Plans: share lessons
 - Lower performing Plans: technical assistance and closer monitoring
 - Persistent failure to meet minimum performance requirements: Corrective Action

Next steps-3

- Input into *Medi-Cal Managed Care Quality Strategy Report, 2014-15*. Pediatric section will include immunizations
 - DHCS to target Plans with
 - lowest percent of pediatric members immunized
 - the most pediatric members who are not up-to-date on their immunizations
 - Coordinate with statewide agencies, groups

4. Monitoring Healthy Families Transition

During the four phase transition, the following were reported and tracked

Enrollment Status

100% successfully transitioned by
February 28, 2014

Maximus, the Single Point of Entry
(SPE) for enrollment averaged
1.74 days to process new
applications during the transition.
Contractual requirement is 4 days

261,713 new children received
access to care

Complaints and Appeals

Less than 6% of transitioned
beneficiaries filed an appeal

All appeals resolved

Monitoring Healthy Families Transition

Linkage of children to existing plan and provider

98.76% stayed in the same plan as of 9/1/13

A majority stayed with the same primary care physician (PCP)

Continuity of Care (COC)

Plan contacted in 100% of requests for COC to ask the provider to accept the plan payment.

Denti-Cal recruited providers to facilitate COC

0.11% of the population transitioned to two plan and GMC counties called the Health Care Options call center to request disenrollment from plan

Monitoring – Transition Tracking

Independent Survey for the HFP Transitioned Population

- Conducted by DMHC through an Interagency Agreement with DHCS



Monitoring – Transition Tracking

Population Specific Monitoring by DHCS

- Continued Eligibility
 - Total enrollment
 - Maintaining coverage
 - Disenrollment
- Complaints/Satisfaction
 - Grievances/appeals
 - Health plan call center calls
 - Office of Ombudsman calls
 - Consumer satisfaction surveys
- Continuity of Care
 - COC requests and outcomes
- Access to Care
- Provider Network
 - Total network providers
 - Providers by specialty
 - Provider additions and deletions
- Dental Services
 - Annual visits
 - Appointment timeframe
 - Provider capacity

Thank you

We look forward to working with you to
improve health and health care services
for children